

NAVSEA
STANDARD ITEM

FY-00 (CH-2)

ITEM NO: 009-40
DATE: 17 JUN 1999
CATEGORY: I

1. SCOPE:

1.1 Title: Contractor Cranes at Naval Facilities; requirements

2. REFERENCES:

- a. 29 CFR Part 1910, OSHA
- b. 29 CFR Part 1915, OSHA
- c. 29 CFR Part 1917, OSHA
- d. 29 CFR Part 1926, OSHA
- e. **ASME B30.5, Mobile and Locomotive Cranes**
- f. **ASME B30.22, Articulating Boom Cranes**

3. REQUIREMENTS:

3.1 Comply with the requirements of 2.a through 2.d and the following prior to bringing or using contractor cranes, of all types, on Naval facilities. **Mobile cranes shall comply with 2.e. Articulating boom cranes shall comply with 2.f.**

3.1.1 Maintain written documentation of the last weight test of the crane and all related lifting equipment on site.

3.1.2 The contractor shall **provide a Certificate of Compliance, Attachment A, for each crane brought on a naval facility.** Operators shall be designated in writing by the employer as qualified operators and the designations shall be posted in the crane at all times. Each operator must:

3.1.2.1 Have understanding of all signs, notices, and operating instructions, and be familiar with the applicable hand signals prescribed by the **ASME B30** standard for the type of crane in use. An illustration of the signals shall be posted on the crane.

3.1.2.2 Not have uncorrected defective eyesight or hearing.

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3.1.2.3 Not be known to suffer from heart disease, epilepsy, or similar ailments which suddenly could incapacitate him/her.

3.1.2.4 Be at least 18 years of age.

3.1.3 Handling and rigging equipment and personnel:

3.1.3.1 Personnel performing rigging shall have an understanding of all signs, notices, and operating instructions, and be familiar with the applicable hand signals prescribed by the **ASME B30** standard for the type of crane in use.

3.1.3.2 Personnel performing rigging shall be familiar with the rigging requirements in 2.a through 2.d.

3.1.3.3 Rigging gear shall be inspected in accordance with 2.a. through 2.d.

3.1.3.4 Certification records shall be available on site for review during all work.

3.1.3.5 All current certification records must include at a minimum the date of the inspection and signature of the inspector noting the expiration date of each certification.

(V) "INSPECT CRANE"

3.1.4 Contractor shall:

3.1.4.1 Ensure all inspections are performed in accordance with 2.a through 2.d (daily, monthly, and yearly), and retain the current documentation of inspections. Documents shall be kept on site.

3.1.4.2 Perform daily pre-use inspections and testing on all load hoisting and lowering mechanisms, boom hoisting and lowering mechanisms, swinging mechanisms, traveling mechanisms (if to be used that day), and safety devices.

3.1.4.3 Have an operational anti-two-block device or a two-block damage prevention feature for all points of two-blocking.

3.1.4.4 Have a boom hoist disconnect, shutoff, or hydraulic relief to automatically stop the boom hoist when the boom reaches a predetermined high angle.

3.1.4.5 If the crane is rerated, the test shall be in accordance with SAE Recommended Practice, Crane Load Stability Test Code J765 and documentation maintained on site.

3.1.5 Post a completed copy of Attachment A in the cab of vehicle.

3.2 Comply with the following requirements for the operation of contractor cranes on Naval facilities:

3.2.1 Notify SUPERVISOR within 24 hours prior to bringing any crane onto a Naval facility.

(V) (G) "INSPECT CERTIFICATION AND TESTING DOCUMENTATION"

3.2.2 Conduct a joint verification with the SUPERVISOR to ensure that a legible and indelible completed copy of Attachment A is maintained on the crane and the following certification and testing documentation is on site prior to entry and use on any Naval facility:

3.2.2.1 Crane certification

3.2.2.2 Load testing

3.2.2.3 Yearly, monthly, and daily inspection logs

3.2.2.4 Rope/sling certifications

3.2.2.5 Operator certifications/designations

3.2.2.6 Designation of person performing log inspections

3.2.3 Develop and maintain on site a critical lift plan as follows.

3.2.3.1 Critical lifts are lifts over 80 per cent of the capacity of the crane or hoist (at any radius of lift) or lifts involving more than one crane or hoist or lifts of personnel or lifts involving non-routine rigging or operation, sensitive equipment or unusual safety risk.

3.2.3.2 The plan shall specify the size and weight of the load to be lifted, including crane and rigging components which add to the weight. The OEM's maximum load capacities for the entire range of the lift shall also be provided.

3.2.3.3 The plan shall specify lift geometry, including the crane position, boom length and angle, height of lift, and radius for the entire range of the lift, and shall apply to both single and tandem crane lifts.

3.2.3.4 The plan shall specify a rigging plan showing the lift points, rigging gear, and rigging procedures.

3.2.3.5 The plan shall specify environmental conditions under which lift operations are to be stopped.

3.2.3.6 For lifts of personnel, the plan shall demonstrate compliance with the requirements of Section 1926.550(g) of 2.d.

3.2.4 Provide data to the SUPERVISOR that is needed to establish facility ground loading restrictions/conditions.

3.3 Report verbally each accident to the SUPERVISOR as soon as management becomes aware but not later than four hours of such an event. ***Secure the accident site and protect evidence until released by the SUPERVISOR. Withhold further crane operations until the cause is determined and corrective actions are implemented and approved by the SUPERVISOR.***

3.3.1 Provide a formal written report of the event to the SUPERVISOR within 24 hours of each accident.

3.3.2 A crane accident is when any of the following occurs during crane operations:

3.3.2.1 Personnel injury or death

3.3.2.2 Material or equipment damage

3.3.2.3 Dropped load

3.3.2.4 Derailment

3.3.2.5 Two-blocking

3.3.2.6 Overload

3.3.2.7 Collision, including unplanned contact between the load, crane, and/or other objects.

3.3.3 Submit four legible copies of the accident report consisting of a summary of circumstances, and explanation of cause(s), and corrective actions taken, using Attachment B.

4. NOTES:

4.1 None.

ATTACHMENT A

CERTIFICATE OF COMPLIANCE	
This certificate shall be signed by an officer of any company that provides cranes for any application under this contract. Post a completed certificate on each crane brought onto a naval facility.	
PRIME CONTRACTOR/PHONE:	CONTRACT NUMBER:
CRANE SUPPLIER/PHONE: (If different from prime contractor)	CRANE NUMBER: (i.e., ID number)
CRANE MANUFACTURER/TYPE/CAPACITY:	
CRANE OPERATOR'S NAME(S):	
<p>I certify that:</p> <ol style="list-style-type: none"> The above noted crane conforms to all applicable OSHA regulations. <i>The following regulations apply:</i> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> That the operators noted above have been trained and are qualified for the operation of the above noted crane. That the operators noted above have been trained not to bypass safety devices during lifting operations. 	
CERTIFYING OFFICIAL SIGNATURE:	DATE:
CERTIFYING OFFICIAL NAME/TITLE:	

POST ON CRANE
(IN CAB OF VEHICLE)

ATTACHMENT B

WEIGHT HANDLING EQUIPMENT ACCIDENT REPORT				Report Date:	
From:			To: SUPERVISOR		
UIC:					
Activity:			Report No:		
Crane No:		Cat:	Accident Date		Time: hrs
SPS: GPS:		Crane Type:	Crane Manufacturer:		
Location:			Weather:		
Crane Capacity:		Hook Capacity:	Weight of Load on Hook:		
NAVSAFECEN Reportable YES ____ NO ____ Damage Cost Estimate: Only if >\$10,000					
Accident Type: ____ Personal Injury ____ Overload ____ Derail ____ Damaged Rigging Gear ____ Load Collision ____ Two Blocked ____ Dropped Load ____ Damaged Crane ____ Crane Collision ____ Damaged Load ____ Other (Specify)					
Chargeable to: ____ Track Walker ____ Rigger ____ Operator ____ Maintenance ____ Management/Supervision ____ Other (Specify)					
Crane Function: ____ Travel ____ Hoist ____ Rotate ____ Luffing ____ Lower ____ Telescoping					
Is this accident indicative of a recurring problem? ____ Yes ____ No If Yes, list Accident Report Nos.: _____					
ATTACH COMPLETE AND CONCISE SITUATION DESCRIPTION AND CORRECTIVE/PREVENTIVE ACTIONS TAKEN AS ENCLOSURE (1). Include probable cause and contributing factors. Assess damages and define responsibility. For equipment malfunction or failure include specific description of the component and the resulting effect or problem caused by the malfunction or failure. List corrective/preventive actions assigned and responsible codes. Number of months experience at the job or activity by personnel involved in the accident.					
Preparer's Signature			Code	Date	
CONCURRENCES (Include Signature, Code, and Date)					
CERTIFYING OFFICIAL					

ATTACHMENT B (CON'T)

WEIGHT HANDLING EQUIPMENT ACCIDENT REPORT INSTRUCTIONS

- 1 - Report Date: The date the accident report is completed.
- 2 - From: The Naval activity that owns the crane and UIC number.
- 3 - Activity: The Naval activity where the accident took place.
- 4 - Report No.: The activity assigned accident number (e.g., 98-001).
- 5 - Crane No.: The activity assigned crane number (e.g., PC-5).
- 6 - Category: Identify category of crane (i.e., 1, 2, or 3).
- 7 - Accident Date: The date the accident occurred (month/day/year).
- 8 - Time: The time (24 hour clock) the accident occurred (e.g., 1300).
- 9 - Category of Service: Special purpose service (SPS) or general purpose service (GPS).
- 10 - Crane Type: The type of crane involved in the accident (e.g., mobile, bridge).
- 11 - Crane Manufacturer: The manufacturer of the crane (e.g., Dravo, Grove, P&H).
- 13 - Weather: The weather conditions at time of accident (e.g., wind, rain, cold).
- 14 - Crane Capacity: The certified capacity of the crane (e.g., 60 tons).
- 15 - Hook Capacity: The capacity of the hook involved in the accident at the maximum radius of the operation.
- 16 - Weight of Load on Hook: If applicable, the weight of the load on the hook.
- 17 - NAVSAFECEN Reportable: Check yes or no. See OPNAVINST 5100.23 for more information.
- 18 - Dmg Cost Estimate: Estimate total cost of damage resulting from the accident if greater than (>)\$10,000.
- 19 - Accident Type: Check all that apply.
- 20 - Cause of Accident: Check all that apply.
- 21 - Chargeable to: Check all that apply.
- 22 - Crane Function: Check the function(s) in operation at time of accident. Check all that apply.
- 23 - Is this a recurring problem?: Check yes or no. Identify any other similar accidents.
- 24 - Situation Description/Corrective Actions: Self-explanatory.
- 25 - Concurrences: Signatures of activity personnel verifying the accident report.